Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 R-C B. WING HAL025035 01/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2915 BRUNSWICK AVENUE NEW BERN HOUSE NEW BERN, NC 28562 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) (C 000) Initial Comments (C 000) Report of a Follow-Up Complaint Construction Survey by Ed Miller and Billy Bryant January 14. 2016. The deficiencies noted during the Complaint Biennial Construction Survey has been corrected. New citations had been added. (C 166) Housekeeping-Maintained Free of Hazards (C 166) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, interview with A new house Keeping supervisor has been a/16/14 hired. Business Office Manager, and Staff, the facility failed to provide a clean and orderly environment that implements procedures to prevent future bed bug infections. Findings on January 14, 2016: Bedroom 38 - this room was not being thoroughly cleaned, making bed bug detection Cleaning Assignments per hallway have difficult. Bedroom 39 - this room was not being thoroughly cleaned, making bed bug detection Bedroom 52 - this room was not being thoroughly cleaned, making bed bug detection d. Bedroom 71 - this room was not being thoroughly cleaned, making bed bug detection

difficult, Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S STOLATURE

STATE FORM

Cabrero-

CLECUTIVE Director

2/16/16

If continuation sheet 1 of

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL025035 01/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2915 BRUNSWICK AVENUE NEW BERN HOUSE NEW BERN, NC 28562 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (C 166) Continued From page 1 {C 166} e. Bedroom 72 - this room was not being thoroughly cleaned, making bed bug detection difficult. Staff Training - interview of Staff 1 (new employee) had not received training on how to identify bed bugs. Was not aware of facility's bed bug protocol and of the past bed bug infection. All staff have received bed bug protocol training g. Staff Training - interview Staff 2 (15-month) employee) had received training on how to identify bed bugs. Was aware of facility's bed bug protocol and of the past bed bug infection. Documentation - there was no documentation in the home and available for review of: facility's implementation of bed bug protocol, exterminator action/procedures, and proactive activities that 2/16/16 New Bern House have implemented to prevent and identifying new infections. Bed Bug Protocol Training will be added to C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical. mechanical, and plumbing equipment in an adult New Hire arientation care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on Observation, the facility was not being maintained in a safe and operating manner. This would affect all residents, staff and visitors, if equipment in disrepair injury someone. Findings on January 14, 2016:

Bedroom 51 - the electrical power receptacle

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 R-C B. WING HAL025035 01/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2915 BRUNSWICK AVENUE NEW BERN HOUSE NEW BERN, NC 28562 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 189 Continued From page 2 C 189 beside the bed was missing its cover plate. Deficiency corrected before Construction Surveyors departed Site. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on January 11, 2016: Corrected Door Knob replaced Bedroom 51 - the corridor doorknob did not 1/12/14 retrat its latch bolt making exiting the room very difficult.